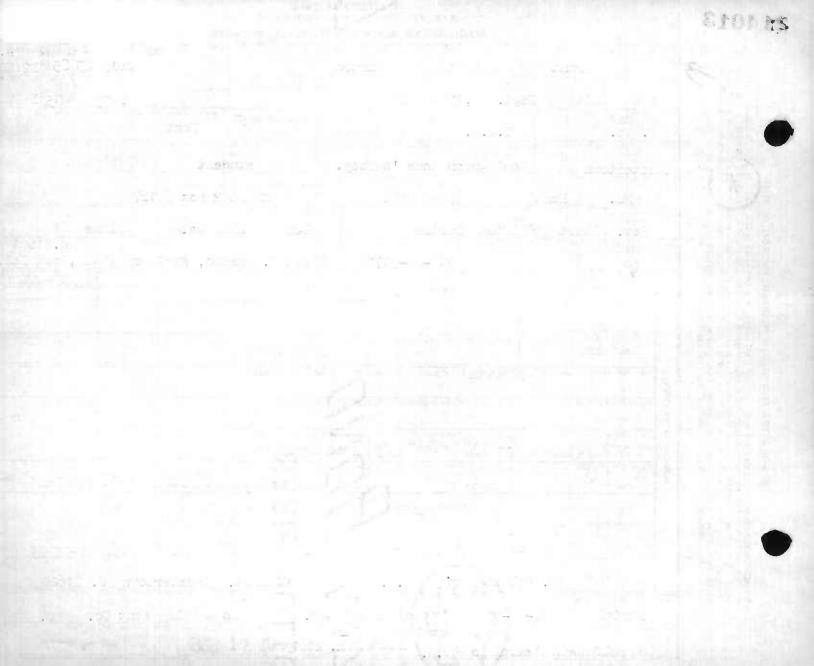
STATE OF MARYLAND 214013 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 2ª DATE KNOW 1. DECEASED NAME LIYPE OR PRINTI ESTI DEATH MATED Brant Albert Burton July 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER TYR. JE UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 26, 1964 Sept. 1:18 white 20 DEAD male 19 85 YRS 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) Kent W. Va. U.S.A. WIDOWED DIVORCED B. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS FOR MOST OF WORKING LIFE) student Kent Queen Anne 's Hosp. Chestertown IAI RESIDENCE UE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSIONI Ta STATE 113h. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Rock Hall YES [ Kent NO DE Box Md BALTIMORE, MD. 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST Rev. Albert Clifton Burton Helen Elizabeth Simms 16n WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT ADDRESS 14h SOCIAL SECURITY NO. Md. 21661 (YES, NO, OR UNKNOWN) 218-02-5172 Albert C. Burton, Rt#2 Box # 127, Rock 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple Severe Injuries DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? STATE DEPARTMENT OF YES 🗌 NO T 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR Auto accident 2:20 M CONTRIBUTING CAUSE OF DEATH 211. LOCATION 21e PLACE OF INJURY (ATHOME. 21d INJURY OCCURRED TO MEDICAL EXAMINER: THIS CEF EXECUTE THE CERTIFICATE, WRITIN PACE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR; PAGE 3 ATTR DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 71204-PI STREET, FACTORY, FARM, ETC.) Route 20, near Chestertown, Kent. Haryland WHILE NOT WHILE Route 20 220. I certify that I taak charge all the remains described above, held an Autopsy Inspection Inquiry and in my apinian death resulted Iram: Suicide Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 7-29-85 SIGNATURE Deputy MEDICAL EXAMINER EXAMINER'S NAME Dr. Robert Farr M.D. Chestertown Md. (TYPE OR PRINT) ADDRESS 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE 7-25-85 Burial Wesley Chapel Cem. Rock Hall Kent Co. Md. BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE Box # **DHMH - 17** ADDRESS who was the food Chester Md. (VR A15 ME (5)) Tom Helfenbein Funeral Home P.A 20M 4/82



### CTATE OF MADVIAND

	JIMIL	OI III	MILLE	MIND	
DEPARTMENT	OF HE	ALTH	AND	MENTAL	HYGIE

DEPAR	CERTIFICATE OF DEATH	GIENE 8	5	REG.	N2.	0	3	2	7	
100	LAST	20. D	ATE OF	DEATH	MONT	H D	Y.Y	YEAR	26 HOL	)R
erta	Burton				7	- 8-		85	4:5	6P
	5 DATE OF BIRTH	6 AG	E (IN YE	ARS LAST	BIRTHDAY	1	FUNDE	RIYEAR	IF UNDER	
	MONTH DAY YEAR		0	0		AAS	ON1H5	DAYS	HOURS	M1

Sarah Alve 4 RACE 3. SEX To BIRTHPLACE Th CITIZEN OF WHAT COUNTRY? I STATE OF FOREIGN COUNTRY

MIDDLE

MARRIED | NEVER MARRIED WIDOWEDD

BALTIMORE CITY OR COUNTY OF DEATH Kent County NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12g USUAL OCCUPATION

MD. 12h KIND OF BUSINESS OR INDUSTRY

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Kent & Oueen Anne's Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION

13d. INSIDE CITY LIMITS?

YES DA NOF 15. MOTHER'S MAIDEN NAME

ARMED FORCES? 160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES)

PART I. DEATH WAS CAUSED BY

136 COUNTY

166 SOCIAL SECURITY NO

ADDRESS 17 INFORMANT

13e STREET ADDRESS / ZIP CODE

MIDDLE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Conditions, if ony, which gove rise to immediate

couse to stoting the

underlying couse lost.

- STATE REGISTRAR

DECEASED NAME TYPE OR PRINTS

10 CITY OR TOWN OF DEATH

Chestertown

4. FATHER'S NAME

130 STATE

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)

DUE TO, OR AS A CONSEQUENCE OF

(MMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION

Dehvdration Renal Failure 190 DATE OF OPERATION

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO I

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

21a ACCIDENT WAS UNDERLYING

sow the deceased alive on.

71h TIME OF INJURY HOUR A.M. MONTH DAY YEAR 19 P.M. 21e PLACE OF INJURY AT HOME STREET, FACTORY OFFICE FARM ETC.)

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20g AUTOPSY?

CITY OR TOWN

AT WORK AT WORK 22a I certify that (1) (this hospital) attended the deceased from

ATTENDING

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

NO

22c. DATE SIGNED 7-9-85

224. PHYSICIAN'S NAME (TYPE OF PRINT) Dr. Farr

22b. SIGNAT

22e ADDRESS

21 LOCATION

STREET

Chestertown, MD 21620

0

DHMH - 16 60M 7/84 (VRA 15, 4)

should b

8

10-

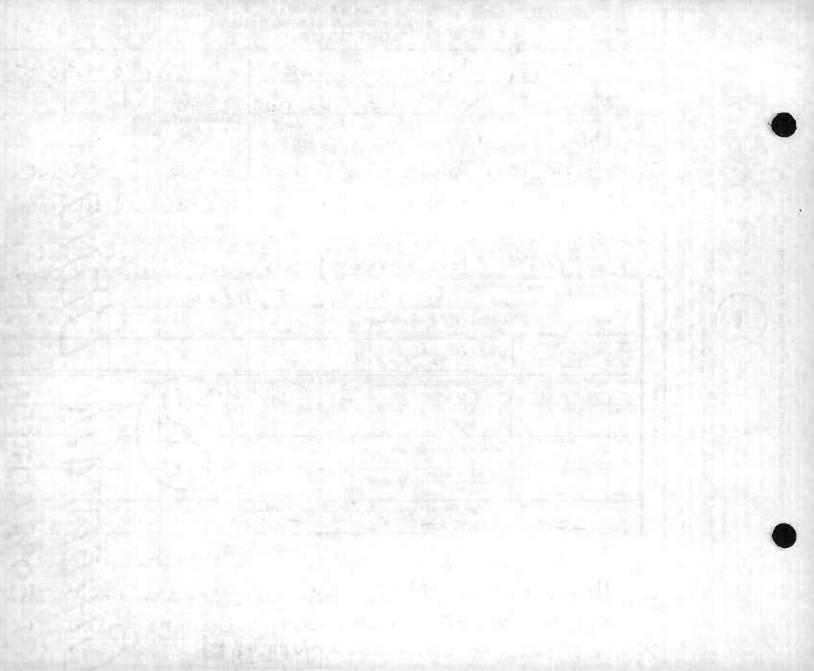
23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b. DATE remation

tid) (did not) view the body ofter death

DEGREE



	1				STATE OF MA	ARYLAND				
210134	I - STA					AND MENTAL HYG	IENE	0 3	2 8	3
I A A A COM		GISTRAR			ERTIFICATE	OF DEATH &	REOF IN		5.4	No.
and me	1 DECEAS (TYPE OR PR	NTI	MIDDLE		LAST		2a. DATE OF DEATH	MONTH DAY		26. HOUR
nay be poge 3 sr deoth		JAMI	es Hr	THUR		PER	Ju	LY 2	85	6:05 AM
any pood ter de	3. SEX		4 RACE	5.	DATE OF BIRTH	DAY YEAR	6 AGE HIN YEARS LAST BIR		INDER I YEAR	IF UNDER 24 HRS
rs of		M.	W.	15045		20 1905	80	YRS.	Ins DATS	HOURS MIN.
Pour Pour	7a. BIRTHP	LACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8.	AADDIED DEN	EVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF	DEATH	
deoth. deoth.		MD.	U.S.1		IDOWED [	DIVORCED [	KEN	-		MD
the fu	IO CITY O	R TOWN OF DEATH	11. NAME OF HOSPI			RINSTITUTION	12a USUAL OCCUPAT		126. KIND OF	BUSINESSOR
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ND 2			NT C	HESTERT	/		A	LOSOPI	ERS	TERRACE
YLA inthur 2 sh	14. FATHER	S NAME	MIDDLE	LAST	15 MO	THER'S MAIDEN NA				
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Security Sec	160. WAS	ECEASED EVER IN U.S. AL		OCIAL SECURITY		ORMANT 2	MAZON ADDR	ESS	IT CIR	
MOR Poge	(YES, NO	ORUNKNOWN] (IF YES, GIV	E WAR OR DATES]	12-03-	2874	T. CARL (	CURPER CI	19 KEN		
ALTI cior de b fre- the	18.0	AUSE OF DEATH (Enter o	nly one couse per line fo	or (a) (b) and (c)	) //	S. CITAL	/ /	1631661		MATE INTERVAL
		PART I. DEATH WAS CAUSI	D BY:	n lest	1 - /	out h	uluro		BETWEEN	NSEI AND DEATH
S / Sp ASS	117	IMMEDIA	TE CAUSE (o)		1/1	xee				
death c death	Co	nditions, if any, which	DUE TO, OR AS	M. Am. P. a.	une s	Mus Ca.	ederal.	5	-	
	90	ve rise to immediate	(6)	V July		- you	way and	/		
X 5 525 5		derlying cause lost.	DUE TO, OR AS A	CONSEQUENC	E OF					
301	240	TO OTHER CICARES AND	(c)	NUT IN S YOURS	//					
DS,	Z CAN	T 2. OTHER SIGNIFICANT		DI I	IN BUI NOT KE	TATED TO THE TERM	MULL SEL	DIHON GIVEN	IN PART TO	
8 1 1 2		pace mal	19b. CONDITION	FOR WHICH OP	RATION WAS	PERFORMED	20a AUTOPSY?	20b. IF YES, W	FRE FINDING	GSTISED
R S S S S S S S S S S S S S S S S S S S	띪					- ENI ONNED		IN CERTIFYIN	G CAUSES C	OF DEATH?
F #8 #1 # #	210.	ACCIDENT WAS UNDERLYING	7 216. TIME OF INJU	JRY	21c. HG	OW INJURY OCCURR	YES NOW	YES [		NO 🗌
7 34 45 T	. 000	ONTRIBUTING CAUSE OF DE	ATH HOUR A.M.	MONTH DAY	YEAR	o	LED TEMPERANTORE OF MAJO	KI IIVIIEM IB, PAKI	ORPAR) 2)	
N SS B B S S S S S S S S S S S S S S S S	0	ITHER, NOTIFY MEDICAL EXAMINER	P.M. 21e. PLACE OF IN	ILIBA	19	CATION	HAS BASIN			
DIVISION Offer this of in the born of the ord Me		ILE   NOT WHILE	AT HOME, STREET, FA	CTORY, OFFICE, FARM.	ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
A Afre and a Market	AT W	ORK AT WORK		. ,	+11/	1 18	3 177	717	01	
A T 8 5 1		certify that (I) (this hasp sow the deceased alive or	7 T/11	eosed from	and that	n (my) (my) oninion (	death occurred on the d	196	the second second	nat (I) (****) last
E SECTION SECT	194	obove, (I) (pre) (did) (did no		death.	DEGREE	-	Sedin occurred on the d	are one noor on		
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SPITAL d by th INSEAL She deto w State TRANT. I	1774	PRIVISICIAN'S NAME PLYPE	1 /My	7	NU	PHYSICIAN A	MEDICAL STA	IAN 🗌	1 7	-87
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F 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	23a BURIA (SPECIF	L, CREMATION, REMOVAL	3 1			Y OR CREMATORY	23d. LOCATION CITY OR TOWN	COI	UNTY	STATE
		BURIAL	7/6/85	[C1]	ESTER	CEM.	CHESTER		KENT	MD.
DHMH-16 60M 1/73	24 FUNER	AL DIRECTOR	11. 01	APPRESS	27724 . 2 . 3	Ma 1250. DATE	REC'D. BY REGISTRAR	256. REGISTRAF	'S SIGNATU	RE
(VR A 15 (4))	140	run V. Wel	hen To	11 63 161	2TOWN	- dOF	8 600 90	na vantata	Marchaelan	



# STATE OF MARYLAND

1-	FOR STATE REGISTRAR	œ		DEPARTA		CATE OI	D MENTAL HY	GIENE	5	REG. NO	0	3	2	9	
	CEASED NAME	FIRST	MIE	DDLE	LA	121	7 1	2a D/	ATE OF DE	ATH M	ONTH [	DAY	YEAR	26 HO	UR
		Henr	ietta	Roeder		Dukes					-26-			9:2	
3. SE	X		4 RACE		S. DATE O		YEAR	6. AG	E (IN YEARS	LAST BIRTH		MONTHS .	DAYS	IF UNDE-	R 24 HRS.
	Female		white		Aug.	29,	1901		83		YRS				
	RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF W	HAT COUNTRY?	MARRIED	□ NEVE	R MARRIED		LTIMORE	_	COUNTY	OF DE	ATH		
	Maryland  USA  WIDOWED ▼ DIVORCED  Kent Co.  MD.  10 CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  126. USUAL OCCUPATION  126. KIND OF BUSINESS OR														
Chestertown (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Kent & Queen Anne's Hospital Inc. Homemaker							ESS OR								
Me	JUSTIATE RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  13. STATE  Md.   ISO COUNTY   136. CITY OR TOWN   136. INSIDE CITY LIMITS?   136. STREET ADDRESS / ZIP CODE   Main St.														
14. FA	THER'S NAME		MIDDLE	LAST		15 MOTHE	R'S MAIDEN N	IAME		IDDLE			LAST		
	William	n Web	b	1001			Katl	heri	ine l	Roed			LAST		
	VAS DECEASED EVER		MED FORCES? 1	66 SOCIAL SECU	RITY NO.	17 INFOR	MANT			^204	S.	2nd	1. 8	St.	1,97
	10		21	.3 74 5	209	Eliz	abeth	·And	irew	D	ento	on,	Md.		
	18 CAUSE OF DEATH	H (Enter on	ly one couse per lir	ne for (a), (b), one	d (c).)	1	C 6	11-				36	APPROXIA	MATE INTE	RVAL D DEATH
IMMEDIATE CAUSE 10) CIVOLI OTORY COTTOPSE 3 da							245								
			DUE TO, OR	AS A CONSEQUE	NCE OF										
	Conditions, if any, gove rise to imm	nediate	(b)												
	cause (a), statin underlying cause			AS A CONSEQUE	NCE OF										
13	PART 2 ON IER SIGN	VIFICANT C	ONDITIONS CON	ITRIBUTING TO E	DEATH BUT I	NOT RELAT	ED TO THE TER	RMINALD	DISEASE O	R CONDI	TION GIV	EN IN P	ART Inc		
NO O	ton.	Sus	ticeu	ua: (	SHE	. 4	MOG	and.	00	30	elic	w	a		
MEDICAL CERTIFICATION	19a DAT OF OPERAT	TION	196 CONDITI	ON FOR WHICH	OPERATION	WAS PER	FORMED	200	AUTOPS	λ,	20b. IF YES	, WERE	FINDIN	IGS USE	D
E	111111		1 April	ou die	ニホエ			YES	S N	06		S 🔲	AUSES	NO [	
Ü	21a. ACCIDENT WAS UND		110110 4 11	MONTH DA	Y YEAR	2 lc. HOW	INJURY OCCU	IRRED (E	NTER NATURE	OF INJURY	IN ITEM 18 P	ART I OR P	PART 2)		
CAL	OR CONTRIBUTING C		119		19										
VED!	21d INJURY OCCURE	RED	21e PLACE OF	INJURY	ARM ETC.)	211 LOCA	TION		CI	TY OR TOWN		COU	NTY		STATE
*	AT WORK AT WOR	RK									>				1 3
	22a.1 certify that (1)			deceased fram	4			, to		1	160	19			(we) last
		did) (did na	t) view the body of	ter deoth	***		ıy) (aur) apiniar	n death c	occurred as	n the date	and have				
-	226 SIGNATURE	- L	\ <			EGREE	ATTENDING	AA EAP	DICAL	STAFF		220	DATES	SIGNED	
	224 PHYSICIAN S NAME (1YPE OR PRINT)  122 ADDRESS  123 PHYSICIAN DEFRECTOR PHYSICIAN D														
		,	5NU				HESTE	=72	TOW	N,	ma	1 :	211	Le	5
23a B	BURIAL, CREMATION,	REMOVAL	236 DATE	23c N	AME OF CE	METERY O	R CREMATORY	23d	LOCATIO						
. ^	Burial		7/28/	85 Sh	rewsb	ury	Cem.	Ke	nned		lle.	Md			STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

he well chestertown, Md.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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## STATE OF MARYLAND

FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	8 5 2 0	3 3 1
1. DECEASED NAME FIRST	MIDDLE BERTA	HAYSLEY	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR P
3. SEX	14 RACE	IS. DATE OF BIRTH	July 10, 1985	IF UNDER 1 YEAR IF UNDER 24 HRS
female		MONTH DAY YEA		MONTHS DAYS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN	White	May 24, 1905	9 BALTIMORE CITY OR COUNT	V OF BEATH
COUNTRY)  Kent Co. Md.	USA	MARRIED NEVER MARRIEI WIDOWE A DIVORCEI	Kent	ME
Chestertown	At Home Fox 16		N 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I  HOMEMAKE?	126 KIND OF BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME 139 STATE 130 CO Kei	UNTY 1130 CITY OR TO	WN 1134 INSIDE CITY LIM	777777 - 4	
William C. I	Benjamin LAST	15 MOTHER'S MAID!	nnie Kennard	LASŤ
160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) I IF YES	CIVE WAR OR DATES	CURITY NO. 17. INFORMANT  6331 John Ber	ADDRESS	own, Md.2162
PART I. DEATH WAS CAU IMMED  Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQ	artery disease	ascular Disease	
	T CONDITIONS CONTRIBUTING TO	D DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION G	IVEN IN PART 1:0
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION		INCERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? 'ES \( \) NO \( \)
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMI) 21d INJURY OCCURRED		DAY YEAR  19	CCURRED (ENTER NATURE OF INJURY IN ITEM 18	PART ( OR PART 2)
21d INJURY OCCURRED  WHITE NOT WHITE AT WORK	21e PLACE OF INJURY	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
saw the deceased alive	spital) attended the deceased from an 7-10	0.4	78, ta7—10 Dinian death accurred an the date and ha	that (I) (we) last our and fram the causes stated
226 SIGNATUR	ed Wan	DEGREE ATTEND PHYSIC	ING MEDICAL STAFF	7/11/85

BALTIMORE, MARYLAND 2120 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.

MPORTANT: IF BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

236. BURIAL, CREMATION, REMOVAL Burial

Robert W. Farr 7/13/85 Chestertown, Md.

| 234 NAME OF CEMETERY OF CREMATORY | 234 LOCATION |
Wesley Chapel Cem. | ROCK | ROCK |

Rock Hall, Md.

21620 Chestertown, Md.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Estang

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nezm

## STATE OF MARYLAND

King 5. DATE OF BIRTH

DEPART

MEN	T OF	HEAL	.TH	AND	MEN	TAL	HYGIE
CI	RT	IFIC	ATE	OF	DEAT	Н	8
				_			

AUG. 19, 1920

MARRIED NEVER MARRIED

13d INSIDE CITY LIMITS?

G. N	2	0	3	3	2.
TH	MONTH		DAY	YEAR	76 HOUR

85

IF UNDER 1 YEAR

5:04

126 KIND OF BUSINESS OR

IF UNDER 24 HRS

-	rs after death Page 4 may be	by the funeral director. page 3 filed within 72 hours ofter death
201	offer	y the
~	las	

23a. BURIAL, CREMATION, REMOVAL BURIAL

226 SIGNATU

22e ADDRESS

516 WASHINGTON AVE. CHESTERTOWN

DHMH -	16 60M 7/B4
/VR	A 15. 41

24 FUNERAL DIRECTOR

CRUMPTON CEM FELLOWS F.H. BOX 270 MILLINGTON, MD 21

286 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? CITY OR TOWN COUNTY STATE , and that in (my) to pinion death accurred on the date and hour and from the causes stated 22¢ DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 23c. NAME OF CEMETERY OR CREMATORY CITY OF TOWN STATE CRUMPTON 154 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

14 EATHER'S NAME BENJ. In WAS DECEASED EVER IN U.S. ARMED FORCES?

- STATE REGISTRAR

(TYPE OR PRINT)

3. SEX MALE

DECEASED NAME

To BIRTHPLACE ISTATE OF FOREIGN

MISSISSIPPI

Chestertown

FIR51

Tobe

4 RACE

JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

CAUC.

USA

JAN SOCIAL SECURITY NO 428-18-7059

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

The Kent & Oueen Anne's Hosp. Inc

17 INFORMANT

PENNINGTON

RD 1

& AGE LIN YEARS LAST BIRTHDAY

120 USUAL OCCUPATION

64

Kent County

13e STREET ADDRESS / ZIP CODE

9 BALTIMORE CITY OR COUNTY OF DEATH

18 CAUSE OF DEATH Enter only one cause per line for iai, (b), and ic-IMMEDIATE CAUSE (a

22a.1 certify that (1) (this haspital) attended the\_deceased from

236 DATE

PART I DEATH WAS CAUSED BY

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

NOT WHILE

saw the deceased alive an

AT HOME STREET, FACTORY, OFFICE FARM ETC.)

P.M

21e PLACE OF INJURY

Felix

76 CITIZEN OF WHAT COUNTRY?

216 TIME OF INJURY

HOUR A.M. MONTH YEAR

21f LOCATION

42016 esting I will be a long to the land Company of the care water age of the care of the care COLUMN THE HEART FAILLYE CONGESTIVE RESPONDENCE THE ARTHMES LIBERTS SEVENEY ARKEN AL INSURFICENCY The stack that 1110 x 7-8-8 7-9-85 . With the court of 

1	-	FOR STATE REGIS	TRAR
l. D	EC	EASED	NAME
111	PF (	OR PRINTI	

3. SEX

10 CIT

Md.

CERTIFICATION

MEDICAL

00

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

17 1886

YES X

IED NEVER MARRIED

13d. INSIDE CITY LIMITS?

_	0 0	-7	4. 20	2	
	B REG. No. U	J	O	0	
	20. DATE OF DEATH MONTH	DAY	YEAR	26 HOU	JR .
	July 18, 1985	,		10	Ą
	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
	99 YRS	MONTHS	DAYS	HOUR5	MIN.
1	9 BALTIMORE CITY OR COUNT	Y OF DE	ATH		
	Kent Co.				MD
	120 USUAL OCCUPATION	12b.	KINDO	F BUSINE	SSOR

aryland	USA	WIDOWED
Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR O

white

home

I. RACE

FIRST

MAUDE

113b. COUNTY

Kent

60 WAS DECEASED EVER IN U.S. ARMED FORCES?

OR OTHER INSTITUTION USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

MARSHALL

May

Homemaker INDUSTRY 13e STREET ADDRESS / ZIP CODE

IS MOTHER'S MAIDEN NAME

14 FATHER'S NAME

Worton

female

TO BIRTHPLACE (STATE OR FOREIGN

William Henry Wellsx

17. INFORMANT Ralph Marshall

YEAR

DIVORCED

NO [

21678 Worton, Md.

(YES, NO OR UNKNOWN) no

20 9569

WELLS

76 CITIZEN OF WHAT COUNTRY? 8

18 CAUSE OF DEATH (Enter only one couse per line for (q), (b), and (c) PART I. DEATH WAS CAUSED BY: DIVATOr

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Imnedia

Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost.

TO DATE OF OPERATION

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE

13c CITY OR TOWN

Worton

Vasc. allen Corenar

Annie Fischer

many

STATE

21678

LAST

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

THE DATE OF OPERATION
210. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER NOTIFY MEDICAL EXAMINER)
214 INJURY OCCURRED

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M 19

NO 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

200 AUTOPSY?

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [

AT HOME, STREET, FACTORY OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK

21e PLACE OF INJURY

211 LOCATION

CITY OF TOWN

saw the deceased alive an.

220.1 certify that (1) (this happing) attended the deceased from

STREET

COUNTY

abave, (1) ( did not) view the body after death 77h SIQNATURE

DEGREE

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) ( prince death accurred on the date and hour and from the causes stated

724 PHYSICIAN'S NAME LITYPE OR PRINT

22e ADDRESS

Chestertown, Md. 21620

230. BURIAL CREMATION REMOVAL (SPECIFY) Cremation

7/23/85

23c. NAME OF CEMETERY OR CREMATORY Silverbrook Cramatory

Wilmington,

Chestertown, Md.

Wayne D. Benjamin

DHMH - 16 60M 7/84 (VRA 15, 4)

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PRESTON ST

STATE OF MARYLAND

159046		FOR		DEPART	MENT OF H	EALTH AND MENTAL HYG	IENE			
	1	STATE REGISTRAR				ICATE OF DEATH		0 0	7 2	7
erol director, page 3	1. DEG	I. DECEASED NAME FIRST MIDDLE LAST					REG. NO	MONTH D	AY YEAR	26 HOUR
	(TYPE	Margaret Leola Taylor July 4, 1985							- U	6:45
	3 SE)	3 SEX 4. RACE 5. DATE OF BIRTH					6. AGE (IN YEARS LAST BIRT		IF UNDER TYEAR	
	13.	Female	White		Apri	18, 1906	79	YRS.	ONTHS DAYS	HOURS
	7a. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WH.	AT COUNTRY?	2 8		1 BALTIMORE CITY OF		OF DEATH	
	(	Maryland			WIDOWE	D NEVER MARRIED DIVORCED	Kent County			
by the fur		Chestertown	(IF NOT IN SUCH FA	11. NAME OF HOSPITAL, NURSING HOME O (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Magnolia Hall Nursin			12a. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) HOMEMAKEY			OF BUSINES
	13a. S	AL RESIDENCE (IF NURSING HOMF OF STATE 136 COL	JNTY 13c	RESIDENCE BEFOR CITY OR TOV ROCK Ha	WN	13d INSIDE CITY LIMITS? YES A NO	13.STREET ADDRESS / Rt. 2 Box	ZIP CODE	2	1661
	-	4 FATHER'S NAME FIRST MODLE LAST FIRST TENSOR FIRST					MIDDLE	P 14	L/	AST
07/0	_	Samuel G. Rodne		SOCIAL SEC	LIRITY NO	1. Euge:	nia Rodney	SS		001154
Poges,		YES, NO OR UNKNOWN) (IF YES, C	IVE WAR OR DATES)	216 <del>-</del> 10-		Norman C. P			- 58 T	28451
papers. Paraval.		NO 18 CAUSE OF DEATH (Enter of				NOTHIATI C. P	order, M	T DOX		XIMATE INTERV
atending phys nave carbon pap ation, or remave traumotic event,		Canditions, if any, which	DUE TO, OR AS	S A CONSEQU	JENCE OF					
as been signed by the attending bermit. Then please remave carbo e prior to buriol, cremation, or rews ony injury, ar ather traumotic.	TIFICATION	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  Diabetes 190 DATE OF OPERATION	DUE TO, OR AS  (c)  CONDITIONS CONT  WELLT	S A CONSEOU	DEATH BUT	NOT RELATED TO THE TERM 2 Vascular S N WAS PERFORMED	INAL DISEASE OR CONI	20b. IF YES, IN CERTIFY	EN IN PART    Curle  WERE FIND  YING CAUSE	Demo INGS USED
as been signed by the attending bermit. Then please remave carbo e prior to buriol, cremation, or rews ony injury, ar ather traumotic.	L CERTIFICATION	gove rise to immediate couse (0), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT  Diabetes	CONDITIONS CONTINUE CONDITION	RIBUTING TO	DEATH BUT	Vasarlan de	VES NO	20b. IF YES, IN CERTIFY YES	WERE FIND YING CAUSE	Dem INGS USED IS OF DEATH
ins certificate has been signed by the attending burial-transit permit. Then please remave carbs if Memol Hygiene prior to buriol, cremation, or rockern 18 shows any injury, or other traumatic.	MEDICAL CERTIFICATION	gove rise to immediate couse (0), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT  DIABELES 1  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	CONDITIONS CONTINUE OF INHOUR A.M.	RIBUTING TO	DEATH BUT  LULY  H OPERATIO  DAY YEAR  19	N WAS PERFORMED	VES NO	20b. IF YES, IN CERTIFY YES	WERE FIND YING CAUSE	Dem INGS USED IS OF DEATH
TOR: After this certificate has been signed by the attending for use as the burial-transit permit. Then please remave carbs of Health and Mentrol Hygiene prior to burial, cremation, or r. 21 is marked at them 18 shows any injury, ar ather traumotic.		gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  DIALECTOR  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DETERMINE THE CONTRIBUTION OF CONTRIBUTION OR CONTRIBUTION AT WORK  21d INJURY OCCURRED  WHITE NOTIFY MEDICAL FXAMIN 21 WORK AT WORK  27a.1 certify that (1) this has saw the decease time cobove. (1) (west did) (did cobove. (1) (west did) (did)	(b)	RIBUTING TO  RIBUTING TO	DEATH BUT  CULTURE  H OPERATIO  DAY YEAR  19  FARM FIC	211. LOCATION SIRFET  211. LOCATION (SIRFET)  211. LOCATION (SIRFET)	YES NO CITY OR TO	20b. IF YES, IN CERTIFY YES	COUNTY	Deurs INGS USED IS OF DEATH NO   str.  that (I) (w. e causes state
RECTOR: After this certificate has been signed by the attending thed far use as the burnal-transit permit. Then please remove carbitet of Health and Mental Hygiene prior to burial, cremation, or rethem 21 is marked or them 18 shows any injury, ar ather traumotic.		gove rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTHEY MEDICAL FXAMIN TIID INJURY OCCURRED WHITE AT WORK	(b) DUE TO, OR AS  (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	RIBUTING TO  ON FOR WHICH  HJURY  MONTH D  INJURY  FACTORY, OFFICE,  eccessed from,	DEATH BUT  CULTURE  H OPERATIO  DAY YEAR  19  FARM FIC	211. LOCATION STREET  211. LOCATION STREET  212. LOCATION STREET  213. LOCATION STREET  214. ATTENDING	YES NO CITY OR TO	20b. IF YES, IN CERTIFY YES IN THE MIRE PA	COUNTY	Deurs INGS USED S OF DEATH NO   str
RECTOR: After this certificate has been signed by the attending thed far use as the burnal-transit permit. Then please remove carbitet of Health and Mental Hygiene prior to burial, cremation, or rethem 21 is marked or them 18 shows any injury, ar ather traumotic.		gove rise to immediate couse (0), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DETERMINENT OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DETERMINENT OF CONTRIBUTING CONTRIBUTION OF CONTRIBUTION	(b) DUE TO, OR AS (c)  CONDITIONS CONT  VELLU  196. CONDITIO  216. TIME OF IN HOUR A.M. P.M. 216. PLACE OF (AT HOME, STREET).  PITCH ON THE CONDITION  CORPRINT)	RIBUTING TO  ON FOR WHICH  HJURY  MONTH D  INJURY  FACTORY, OFFICE,  eccessed from,	DEATH BUT  CULTURE  H OPERATIO  DAY YEAR  19  FARM FIC!	211. LOCATION STREET  211. LOCATION STREET  211. LOCATION STREET  212. ATTENDING PHYSICIAN  222. ADDRESS	YES NO CITY OR TOTAL DECEMBER NATURE OF INJURE	20b. IF YES, IN CERTIFY YES IN CERTIFY YES IN IN ITEM IS PA	COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY	Demoison Sused Soft Death NO
TOR: After this certificate has been signed by the attending for use as the burial-transit permit. Then please remave carbs of Health and Mentrol Hygiene prior to burial, cremation, or r. 21 is marked at them 18 shows any injury, ar ather traumotic.	MEDICAL MEDICAL	gove rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DITERMENT MEDICAL FXAMIN  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  27a. I certify that (1) this has saw the deceased time cobove, (1) (weel did) (did in 22b. SIGNATURE)  27d. PHYSICIAN'S NAME (1) PHYSICI	(b) DUE TO, OR AS  (c) CONDITIONS CONT  19b CONDITIO  19b CONDITIO  21b TIME OF IN HOUR A.M. P.M. 21a PLACE OF (AT HOME STREFT, pitol) ottended the desired to the body of the corporation of the body of the corporation of the corporation of the corporation of the body of the corporation of the body of the corporation	RIBUTING TO	DEATH BUT CALLACTOR DAY YEAR 19 FARM FICT	211. LOCATION STREET  211. LOCATION STREET  211. LOCATION STREET  212. ATTENDING PHYSICIAN  222. ADDRESS	ZOOLAUTOPSY?  YES NO NED CHITY OR TO NO NED CONTROL OF INJURE  OCTITY OR TO NED CONTROL OF INJURE  OCT	20b. IF YES, IN CERTIFY YES IN CERTIFY YES IN IN ITEM IS PA	COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY	Demoison Sused Soft Death NO

